

## L4: Hardship Fund Form

### APPLICATION FOR EMERGENCY SUPPORT FOR A YOUNG PERSON (TRAVEL SUPPORT, LUNCH, EQUIPMENT/BOOKS)

(This fund is only eligible to young people who are in danger of dropping out of learning for immediate financial reasons)

Name:
Date of Birth:
Address:
Telephone Number:
Place of Employment, Education or Training:

Support Requested
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Explain the circumstances leading to this application:
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Co-financed by

**Skills  
Funding  
Agency**



I confirm that the facts above are correct and complete. I confirm that £        has been paid to me and that I must spend it on the above support and give a receipt to my Personal Adviser.

**Young Person's Signature:**

**Date:**

**Local Manager:**

**Local Manager Signature:**

**Date:**

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Funding  
Agency**

